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LARGE PENDULOUS TUMOR FROM THE CHEEK,

OF MANY YEARS GROWTH,

IN A GENTLEMAN ADVANCED IN YEARS,

REMOVED BY OPERATION,

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A Clergyman, 73 years of age, an unmarried man, of sound constitution, of temperate habits, and in good health, sought my opinion in June 1876 upon his case,—that of a large Tumor on the right side of his cheek and neck, which had been growing for more than 50 years.—in fact ever since he was a boy.

History. Upon recovering from an attack of Measles in childhood, a slight discharge was observed from the ear; and about the same time a small swelling was observed in front of the ear. This was considered to be a 'kernel,' or gland; and was not thought to be of much importance. The discharge from the ear has continued more or less ever since,—sometimes watery, sometimes purulent. At 13 years of age, when at play with other children, he fell out of a 'swing,' and in the fall received

a blow upon the swelling, or some slight injury to the prominent part.

About 40 years ago, when the Tumor had become large enough to attract his own attention and that of his friends, he consulted a Medical Practitioner. From him he learned that the swelling could not be dispersed; and that the only means of removal was by a Surgical operation. He was alarmed by some undefined fear of the loss of blood attending an operation, and the length of time required for recovery: and he did not afterwards seek other advice.

In 1846 I saw him for the first time,—meeting him in company at the house of a relation. At that time the Tumor was in front of the ear, upon the parotid gland, or a little below the zygoma. To the best of my recollection, it was about 2 inches long in a transverse direction, and in its thickest part it projected about an inch from the general surface of the cheek, being partly covered by the hair of the whisker.

During the following 12 years the Tumor increased slowly in size, falling or gravitating downwards toward the angle of the jaw. His brother, who was a member of our Profession, observed with anxiety the steady increase in size, and often mentioned it, in conversation with me and other professional friends; but the patient himself never referred to the subject.

In 1858 he left Oxford, where he had resided for about 35 years,—first as a Student, and afterwards as Fellow and Tutor of a College, and Incumbent of one of the largest parishes in the City,—and went to live in a village in the country, with the charge of a small Church and parish. It seemed to me, and to his friends generally, that the Tumor increased in size more rapidly after this change of residence and new mode of life.

In October 1868 he suffered from an attack of pain,

with temporary increase of swelling, in the upper part of the Tumor, and slight fever. This was followed by suppuration in what was thought to be a cyst in the substance of the Tumor. Some weeks passed before the discharge ceased, and the skin became sound.

On Sunday the 28th of May (1876), in the afternoon, when sitting in his drawing-room, he held out his fingers with blood on them, and made the remark,—‘There; I have done it at last.’ He had long been in the habit of pressing, or scratching, the Tumor with his fingers; and he had been warned that some day he would make it bleed. Blood was now observed to be flowing freely from the Tumor down his neck, and on to his shoulder. The blood continued to flow freely, notwithstanding the attempts made by himself and his servant to stop it. At night Mr. Forster of Daventry was called. He applied a compress of lint; and the flow of blood then ceased.

On the 1st of June I saw him, with Mr. Forster: and then for the first time I examined the Tumor,—or, rather, *handled* it. The Patient was weak, and seemed to be suffering from the lowering effects of the loss of blood.

The surface of the Tumor was uneven, with several projecting knobs of different sizes. The skin over it was generally thin, and could be moved freely, except at one part,—the site of the former suppuration. Several large veins could be traced in the skin passing over it. The pedicle was thick and firm: it seemed to be formed by a prolongation of condensed tough fascia, in which two very large arteries could be felt pulsating. The lobe of the ear was spread out and lost in the skin on the surface. The Tumor hung down far below the ramus of the jaw; and, as the Patient moved the position of his head and shoulder, it fell sometimes in front of the clavicle and sometimes behind it, resting now and then

on the shoulder, as he sat in a chair for examination. There was not any fluctuation perceptible in it.

That the Tumor could be removed, was perfectly clear : the only question being that of the loss of blood likely to attend an operation ; and this, in a man of the Patient's age, was a matter for the most serious consideration. As the Tumor was not a part of the proper system, but rather a foreign body causing irritation, I did not think the shock of an operation for the removal likely to be a source of danger, except as it arose from the loss of blood at the time of operation. To control this, it would be necessary to secure the vessels in the pedicle as they passed to supply the circulation in the Tumor, or its capsule, before proceeding to separate the Tumor from its coverings. This could be done by dividing the pedicle with the first incisions, and taking up the vessels separately, — trusting an Assistant to restrain the hemorrhage while the ligatures were being applied. A better way, I thought, would be by putting a ligature round the whole of the root, so as to include all the structures, after dividing the common integument to a sufficient extent to reach the parts. I thought that the pedicle could be laid bare sufficiently, without much dissection, and without any great loss of blood ; and that if I could get my finger underneath, it would serve as a director on which a strong thread could be guided by means of a short probé : or, if the parts were too much matted together to be separated easily, that a thread could be carried round the vessels by an aneurism needle having a large curve. At all events, a strong needle could be thrust through ; and if the sharp point and cutting edge were ground off, the needle could be passed without danger to any important part.

On the 28th of June Mr. Prescott Hewett saw the

Patient. At this visit, I observed that one of the projecting knobs on the upper surface of the Tumor had grown very much since my last visit, 4 weeks ago. Mr. Prescott Hewett agreed in the opinion already given; and as the Tumor was now growing rapidly, with an evident tendency to ulceration and sloughing, with the liability to constantly recurring hemorrhage, it was thought advisable that the operation should be performed with as little delay as might be.

The operation was performed on the 13th of July, with the help of Mr. Forster, and Mr. Mallam of Oxford. Before the operation, these measures were taken;—round the neck of the Tumor, near the jaw, 11 inches, round the Tumor itself, in the middle, 18 inches,—lengthways, from the upper to the under surface, measuring from the line taken round the neck or root, 16 inches.

While the Patient was being brought under chloroform, the lines of incision were marked in ink with a camel-hair pencil. The Tumor was raised, with the view of emptying the superficial vessels by allowing the blood to flow back to the cervical veins. The collar, or pedicle, before division of the skin, was found to be too tough to allow of the Tumor being rotated, or twisted, so as to check the circulation through it. The point of the scalpel, for the first incision, was entered behind the ear, about the middle of the mastoid process. Upon cutting through the integument, one of the superficial veins was divided, and bled freely from the upper end,—that nearest the cheek: this was compressed with the finger, and did not bleed again. The second incision was then made, so as to include between the lines a broad piece of skin, which was adherent by a firm cicatrix to the capsule or substance of the Tumor. The integument was reflected at the upper and back part; and with a little farther dis-

section, the root or pedicle was exposed. I then tried with the forefinger of my left hand to separate the skin, and pass the finger under the pedicle: but the parts were too tough, and too firmly adherent, to allow me to force the finger through. Nor could I pass a short iron probe I had provided. A steel aneurism needle bent under the force used in the attempt to push it through: I feared it would break. After an ineffectual attempt to pass a silver probe, a large curved needle, 4 inches long, armed with a strong thread, was passed,—not without great difficulty,—internal to the skin, through the rigid parts. In the mean time arterial blood flowed profusely from the upper part of the wound: the countenance became pale, the pulse could not be felt at the wrist, and the breathing ceased; the sphincter ani relaxed, and death seemed impending. Upon tightening the ligature the bleeding stopped at once,—except from the small vessels of the skin; some of these bled freely, and required tying. The separation of the Tumor from the investing skin or capsule was made without difficulty, except at the under and back part of the original lump; it was more adherent there than at other points. Some parts, or tuberosities toward the front and lower part were soft in structure, and loosely connected with the general mass; they broke away in handling, and fell off in pieces: and some small pieces, or shreds of the capsule, were left adherent.

A needle with double thread was afterwards passed through the middle of the pedicle, and each half tied separately. The former ligature round the whole was then cut away, with the stump of the Tumor. The mouths of three arteries could be recognized, each of them larger than the radial at the wrist. It seemed to me that their coats, though tough and cartilaginous, were thinner and less elastic than is usual in arteries of the same size in younger subjects. After the oozing of

blood had ceased, the edges of the wound were brought together, and fixed by interrupted sutures. The ligatures were cut short, and the ends left within the wound. A compress of lint was laid on the cheek, and moderate pressure made by two or three turns of a roller round the head.

By this time the Patient had recovered sufficiently to be able to help himself in moving to his bed from the table on which he had been placed. He took chloroform without difficulty, and was well under the influence of it during the whole time of the operation. Rather less than 2 drams was used.

The substance of the Tumor had the usual appearance of what is generally known as 'fibrous,' or 'fibro-cellular,' with some cysts here and there in it: one of these, about the size of a large marble, was filled with clotted blood of recent date. The older part of the Tumor, — that which had been nearest to the parotid gland, — was much firmer in texture than the rest, and of a pale cream color; it was easily distinguished from the parts which from their relative position were known to be of later growth. There was not any appearance of bone, or cartilage, nor of malignant degeneration; nor any deposit of pus. When put together, the weight was a little short of 3 pounds avoirdupois.

The Patient passed the afternoon and chief part of the night quietly, but without sleep. The skin felt hot to the hand and was without moisture. The pulse was quick and weak. He took fluid food, — beef tea and milk, — readily, as it was offered; but without asking for it, and without complaint of thirst. He vomited once or twice, when it was first given; but retained it afterwards when given in smaller quantities.

About 4 o'clock in the morning he asked for water;

and I gave him a glass, fresh from a deep well and perfectly cold. Soon after this he went off to sleep, and continued asleep for about 2 hours. His skin was observed to be in a moderate perspiration. By the middle of the day he had rallied well. The pulse was about 80, soft and regular; and, except that his complexion was paler than usual, there was little in his general appearance to show that he had so lately undergone a serious operation, and one attended with a large loss of blood.

During the very hot weather which followed, he had an attack of diarrhea with vomiting, under which he was much lowered in general strength.

For about 10 days or a fortnight after the operation he complained of stiffness in the jaw and pain in the attempt to take bread or other solid food. A small soft swelling formed in front of the wound: matter was discharged through this, and afterwards one of the ligatures. A clear watery fluid, having the general appearance of saliva, continued to flow from this opening for 6 or 7 weeks. It was observed in greater quantities when taking food, and shortly after it.

The line of the wound healed quickly, except at the upper part, behind the ear. Through that opening I withdrew the double ligature round the pedicle, on the 12th of September. It was held firmly under the skin; and I found it necessary to divide, with the point of the scissors, the tissue, — whatever it was, — that held it within the wound. Six days afterwards, the last of the ligatures on the small vessels was discharged.

The points in the case worthy of remark, are — the very large size of this Parotid Tumor, its thick, tough pedicle, with its large arteries, — the unusually long period during which a Gentleman of education allowed a Tumor in such a situation to grow, without seeking the removal

of it, and without taking the opinion of any Medical Practitioner, as the incumbrance and the deformity increased, — and the recovery of a Patient at an advanced age from what was, indeed, a formidable Surgical operation.

In other regions of the body pendulous Tumors of a much larger size are now and then seen. Several of such cases are on record. Dr. Freeborn of Oxford told me of the following case, — a large pendulous Tumor from the neck, — which he saw many years ago, with Mr. Hyde of Bloxham.

The Patient was a farm-laborer, 70 years of age, and then dying of exhaustion under the constant irritation. He gave the following history of his case. When his attention was first directed to the Tumor as a permanent source of discomfort, it was situated about the middle of his neck, a little behind and below the ear. Some 40 years before the visit, at a time when the Tumor was small, he consulted a Medical Practitioner; and upon the assurance supposed to be given by him, that the Tumor 'would never trouble him,' he had allowed it to grow without interference.

He had been for many years confined to the house. During the latter part of the period he had spent his time sitting day and night in a chair, with the Tumor, partly suspended in a bag buckled round his neck, resting on a table in front of him. The table was hollow, to receive the Tumor, with a ball-and-socket joint, and a rack movement, by which the position could be shifted by the Patient himself.

The skin was sound, without ulceration or discharge. The pedicle was small, — scarcely larger than 2 fingers

in breadth and thickness: the fingers could easily be placed under it, between the Tumor and the neck.

The Patient was too far exhausted for the question of an operation to be entertained.

Since the Patient's death I have been informed that the Tumor was found to be of a 'fibro-cellular consistence;' and that it weighed between 20 and 30 pounds.

OXFORD, *May* 1877.

